

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

101580750

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1			
2		1		1		
3	1		1			
4	2			1		
5	1			1		
6	1			1		
7	1			1		
8	1			1		
9	1			1		
10	1			1		
11	1			1		
12	1			1		
13				1		
14				1		
15				1		
16				1		
17				1		
18				1		
19	1			1		
20	1			1		
21	1			1		
22	1			1		
23	1			1		
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25	1			1		
26	1			1		
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28	1			1		
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48						
49						
50						
TOTAL IND.	1		1			
TOTAL DEP.	28	←	27	←		←
TOTAL CLAIMS	29	[REDACTED]	28	[REDACTED]		[REDACTED]

	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
52						
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99						
100						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						